

IME Roundtable via Zoom – Administrative Topics May 06, 2021

Staff Participants: Kristen Baldwin-Boe, L&I Melissa Dunbar, L&I Kelli Fussell, L&I Teri Baughman, L&I Stuart Bammert, L&I Kelli Zimmerman, L&I Tanya Weber, L&I Karen Ahrens, L&I Karen Jost, L&I Sara Nielsen, L&I Nancy Adams, L&I Dane Henegar, ATG Gary Kolonja, L&I Megan Lemon, L&I BobMayer, L&I Marisa Gillio, interpretingWorks Bruno Dimario, interpretingWorks	Participants: Aimee Borrego Breck Lebegue, MD Carolyn Logue Cassandra Chelf Chelsea Stockner, Sunrise Dan Farrington, Sunrise Fred Quarnstrom, DDS Ian Bishop, ExamWorks Irene Suver, CSP Eugene Toomey, MD Jamie Toulou Kathy Smith, Inland Kris Beckman, OMAC Chelsea Pomeroy Reina Burnett	Kristin McCoy, MES Lise Niggemyer, Inland Mat Nguyen, Mitchell MCN Michelle Bates Mykala Rubey, ExamWorks Pattie Claxton, OMAC Rachel Faber, CorVel Steven Elerding, MD Tracy Crnkovich Wini Hamilton, DC Kal Klass DDS Paula Lantsberger, MD Pierre Constantin, DC Steve Jukich, DC Todd Seidner, MD Xavier Ibarreta, DC
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Introductions, Safety Message, Agenda Updates:

Kristen briefly discussed zoom meeting etiquette.

The safety message was about managing stress. Make sure to maintain a healthy diet and exercise. While you're working take breaks, get outside if you can, go on walks or read books. Don't forget to check in with neighbors, friends, or family that may be isolated. You can write a list of things you're grateful for to help keep a positive outlook.

The agenda was reviewed.

IME Program Updates:

Interpreter Scheduling – Karen A.

Karen A. gave a quick update regarding the new Interpreter Scheduling system. The new system launched April 12th. On May 15 interpreter agency accounts will be deactivated.

The RFP was concluded in Spring 2020 with interpretingWorks as the bidder selected to provide a scheduling platform. All in person interpretation must be scheduled through this new system except for on demand appointments. In person appointments that do not have a pre-scheduled time, such as emergency, urgent care, or walk-in appointments, providers may use an interpreter arranged outside of the scheduling system using the L&I lookup tools or CTS Language Link for telephonic interpreters.

There is an updated FAQ online. If there are any questions, you can contact the workgroup at interpretation@lni.wa.gov.

Bruno Dimario and Marisa Gillio with interpretingWorks gave a walkthrough of the system and scheduling an appointment. For questions or any issues during scheduling, firm can contact support@interpreting.works.

Some tips and information from the system review:

BookId – the ID used to track the booking in the system.

Service Title Field – This field does not affect the booking. It is just for the firm's bookkeeping. It is ok to list the patient's name in this field.

Office Group – This only applies if the function is set up with the firm. There is a separate presentation for this and the firms can contact interpretingWorks if they'd like to do this.

Booking Address – This is the address where the interpreter needs to show up at.

L&I Provider ID – This needs to be the ID specific to the provider rendering the service.

Appointment Type – This does not affect the booking. Firms should just select the best match for the type of appointment.

Self-Insured – Select the check box if the booking for a self-insured appointment. Use the drop down to select the self-insured employer's name. If the name of the employer is not on the drop down list, email the support email and give the name that need to be added. They should be able to get the name added by the next day.

Interpretation Language – Firms can select from the drop down of languages or start typing the language needed.

Contact info and booking description – Firms can add a specific suite number or special directions. Do not put the physical address in this box as it should be listed in the booking address field and will not send through correctly.

New status – This status shows when a new booking is created and the system is gathering the interpreters to send the offer to.

Requested status – The status will update to this when the request is sent to a batch of interpreters to review and accept.

Booked status – Once an interpreter accepts a booking the status will update to this status.

Attention status – The booking will change to this status when it needs additional reviewing or is ready for the billing process. The firms do not need to do anything with bookings in this status, interpretingWorks processes bookings with this status.

When the interpreter checks in, it is recommended that the interpreter brings a printed copy of the voucher for the booking with them to the appointment. It's the firm's responsibility to have their QR code printed at the location for the interpreter to scan when checking in. The QR code the firms print is unique for the firm but the not unique to the booking, so the firm can print the QR code, laminate it if they'd like, and display it for interpreters to check in.

When the interpreter shows for the exam, the firm should allow the interpreter to check in at the time of the exam. Even if the worker is not there yet, the interpreter should check in on time. If they are not allowed to it appears in the system that they were late and there is no easy way to show that it was not their fault. If the firm would like the interpreter to assist the worker in filling out paperwork, that should be built in when entering the booking date and check in time. Firms can create multiple events for one booking if the worker has multiple appointments on the same day.

If there are any issues or anything that needs reported to interpretingWorks, that can be done via the QA section of the system. Firms can complete the form online and submit it. The information that is sent to the interpreter regarding any issues raised does not disclose specific names.

Firms can reach out to interpretingWorks via the Chat Box in the system, phone 1-800-905-0896 ext. 5, or send an email to support@interpreting.works. There is also an FAQ online.

IME Program Operational Updates – Kelli F. & Kristen BB.

Several examiners had reached out recently regarding not receiving the GovDelivery listserv emails. There is a public listserv that anyone can sign up for from the IME webpage as well as a private listserv all examiners and firms are added to. Examiners should make sure that their correct email address is on file with the department and should check Spam/Junk folders for these emails if they are not receiving the notices. If there are questions you can contact Kelli, Kristen, or Melissa.

Kelli announced that the examiner exit and retention surveys have started effective April 1. These are available via paper or online.

The approval letter for firms ordering diagnostic studies has been updated and distributed to firms.

The telehealth temporary policies have been extended through the end of this year.

Testimony/Deposition Expectations – Dane

Dane briefly discussed the roles of examiners and attorney. The attorney's job is an advocate for the department and directs questioning. The examiner's role is not an advocate for the department, they are an expert, and they should just be honest with their opinions. During depositions examiners should keep cool while answering questions and remember that the opposing attorney may ask questions in a prodding manner.

Objections are normal in the process and they do not mean that the examiner has said or done anything wrong. This is an opportunity for the attorney to redirect questions if necessary.

The request is that examiners review the records before the pre-deposition meeting. There could be new medical and they may ask if that changes the examiner's opinion, or there may be new treatment being recommended. The AG does pay for this record review.

Questions were asked regarding raising the fees for depositions. Testimony fees are set by the AG's office however Dane is unable to speak to those being raised. Testimony fees are paid to all medical providers who testify and not just IME providers. The AG's office currently can pay for 25 units of records review which is about 6.25 hours. If the examiner is getting near or over that amount, they can reach out to AAG to see how to proceed.

The suggestion was made that deposition cancellations need to be given with more than just 24 hours' notice. Examiners need at least 2 weeks. They do a lot of work to prepare for these and there should be a base fee when these are canceled on short notice. The deposition fee schedule is maintained by AG office.

ESSB 6440 – Karen J.

Karen briefly discussed the recommendations from the ESSB workgroup. There were 25 strategies discussed and voted on and L&I added two. The group discussed and voted and recommended 18 strategies that were moved forward to the legislature. There will be regular reports and updates to this group.

There are two work items that have been completed; examiner Exit/Retention Surveys, and updated materials to outline a clear process for filing a complaint. There are nine items that currently have work underway; incentives to recruit more bilingual examiners, update fee schedule to improve examiner availability, consider higher fee for in-state examiners, beginning work to define case progress (or lack thereof) in rule, among others.

The first four items listed in the presentation are part of the fee schedule work and a team has started gathering information from stakeholders. Karen assured that the department intends to spend time working with stakeholders, especially when updating rules and policies. There are some future recommendations that will be worked on when there are resources to do so. There were items that are not being implemented however, there is still some interest in these items, such as allowing the worker to record during the exams. They need to understand the impact these may have, and may still work to gather info on these to inform decision making.

IME Steering Committee Update – Karen J.

Karen J. gave a quick update regarding the IME Steering committee. The steering committee participants names were listed, and the topics discussed. The addenda request issue has been resolved, and the MEH Test question updates has been completed. The payment policy team is working on gathering information on fees. The late-cancel topic was combined with the payment policy updates. Alignment of IME complaints is ongoing. The organization of claim files is a topic they want to gather more information on during this meeting.

Carolyn said that the firms and examiners would like to discuss complaint process, the way communication happens, the types of complaints, etc., and have an in depth discussion. Kelli reminded the group that this was a Coalition topic request and was on the agenda at the last roundtable meeting and very little feedback was received but we could look at this again. Carolyn said this topic may need to be pulled out as its own separate meeting and maybe include IIMAC and IICAC.

The comment was made that the IME steering committee should have someone from the coalition on it. Karen replied this can be taken back to the committee, however the committee looks at prioritizing department resources so it may not be the correct platform for stakeholder membership.

IME Fee Schedule Review Process – Robert M.

Bob gave an update regarding the work on the IME fee schedule. The team is currently awaiting results from an internal payment policy workgroup. Next they will reach out to external stakeholders in the near future and will pull all the information together to see what changes could be made.

To date the workgroup drafted a project scope and discussed current IME payment policy and fee schedule issues related to payment levels, quality and fee schedule complexity. The current fee schedule is very complex and can be difficult to use. One of the goals is to make the IME fee schedule easy to use and understand.

Several attendees asked if there is a timeline for this work. Bob indicated changes would not be made by July 1 of this year however they should be made before July of 2022. The changes may be made sometime between the two dates as they do not need to be implemented only in July. The fee group will be reaching out to the Roundtable members soon.

The group is looking at fee schedule as a whole as it is very complex and seeing what can be done.

They are looking at things like record reviews, what is expected, and what is required by the department.

Several comments related to ‘the department is working on it’ and has been for years. The department should be taking action now.

One suggestion was that the department should consider looking at how the firms are paid for seeing workers for multiple claims for different body parts. A worker only came in for only one IME for three separate claims, so the examiner only received payment as if they reviewed and saw the worker for one claim. They scheduled one exam instead of three so it would be convenient for worker.

Several attendees asked if examiners will be allowed to do consults, and will consultants be subject to the same level of scrutiny as the IME examiners and follow the same rules.

WHODAS Update – Tanya

Tanya gave a quick update regarding the WHODAS requirement for mental health exams. An internal workgroup was created to review the use of this. The recommendation was that other validated tools should be allowed and the WHODAS should be optional. These recommendations were made to IIMAC on April 22, 2021 and they agreed. An implementation team will be formed to carry out the recommendations, including internal and external training on various tools. It is believed this will be done in the next six months.

Measuring IME Quality/ONC - Tanya

Tanya discussed her quality review of telemedicine IMEs. Telemedicine IMEs have been approved as a temporary policy for mental health, dermatology, speech when there is no documented hearing loss, kidney function, hematopoietic system, and endocrine. Tanya has finished telemedicine IME reviews for the March 30, 2020 through December 31, 2020 time period. There were 135 unique claim numbers reviewed, and all but one were for mental health exams. The quality reviews were performed using a telemedicine review checklist. The results may be helpful for the 6440 telemedicine rule writing.

Some of the findings from these reviews were reports that did not document the physical location of the worker and the examiner, reports that did not document the process on obtaining agreement by all parties prior to the exam, and some reports/addendums were late, among others. The clinical piece of these reports looked pretty good. The findings are more educational and will be shared to make sure these requirements are being documented in future reports.

Tanya does not have comparison data to regular in-person exams. The numbers have improved from the first group of reports that she reviewed and Tanya believes the results reflect a learning curve. The data collected on these were specific to telehealth exams and it’s expected the numbers should improve as more are done.

The group was interested to know of the exams that were panel exams was mental health conducted via telemedicine and the rest of the panel in-person, or were the other specialties scheduled as a separate IME. Tanya said she didn’t look at that but she can. The late reports and addenda can be separated out as well. The types of addendums were combined but billable and non-billable addendums could be separated out in the future.

There are no current updates on allowing telemedicine for orthopedic exams right now. There is going to be some rule writing for telehealth based on 6440. The department is currently waiting on a research report from UW that might help. The information we have found indicates that it can be difficult to do physical exams via telemedicine in the IME format. If you have ideas to share about telemed IMEs please send them to Kristen.

Tanya has completed 301 state fund IME reports reviewed from January 01, 2021 to March 31, 2021. She has also done one focus review and one 10% sample review. These are reviews done when there are concerns or complaints and something specific is being looked at that the examiner may need assistance with. These reviews are meant to be more informational and help the examiners. Some findings during these report reviews are regarding impairment ratings such as calculation errors and declining to rate, not answering all questions, and adding personal comments in the IME report. An example of declining to rate is when an examiner does not agree with an accepted condition and they refuse to rate that condition. This isn't seen too often in report reviews and this issue is addressed when found.

The new examiner report reviews have been looking good and it appears new examiners are grasping what they need for the exam and report. Tanya does reach out and educate or discuss issues as needed.

Updates/Q&A – Scheduling, Claims, Self-Insurance

Scheduling – Stuart

Stuart announced that they are working to extend access to the claim and account center (CAC) to 90 days by the end of June. IT is currently working on incorporating the reasonably convenient location (RCL) tool with the scheduling system. The RCL work has priority over the CAC work being done.

Stuart said there was a recent article with some unintentional misinformation stated about the RCL. The article stated that in the RCL tool you can enter an address and see where they can schedule the IME. That is not quite the case as Find A Medical Examiner (FAME) does this look up based on location and specialty needed. The RCL tool is more for the scheduling team and SI schedulers to see where a worker might travel to get treatment and then they can use FAME to see where the exam can actually be scheduled.

Stats were reviewed for IME referrals from January 2019 to March 2021. The amount of incoming claims has dropped and so has the number of IME referrals by about 10%. Covid has affected these numbers however, it's believed the drop in January 2021 referrals was due to the new legislation. The number of referrals did jump up in March. In 2019 the scheduling unit received about 90 referrals a day. That number dropped to about 50 a day January 2021, and is back up to 60 referrals a day now. It is hard to say what future trends will be with the 6440 legislative updates regarding when and how IMEs can be requested and scheduled. 6440 was based on concerns about workers going to multiple IMEs.

Some have heard that the CM cannot ask the same questions again in an IME. The group is wondering what kind of education there has been on the claims floor and if there is an expectation that referrals will be only for more recent claims. The legislation did not include language regarding the number of IMEs per claim such as one a year, etc. Early on there was a lot of confusion by L&I CMs as well as TPAs however training has been done to alleviate some of those misconceptions. The types of claims coming in may also be the types of claims that would not need IMEs such as covid claims or medical only, where the claim comes in, the worker gets treatment, and then they are closed. There also had been the travel ban for a while that recently was lifted. The

number of referrals may start looking better but may not get back to the level they were at in 2019.

Claims – Nancy

Training on 6440 was originally done in December 2020. The department updated training materials and letters. A second round of training just finished. This second round training was by claims unit as refresher training and to answer more in depth questions and get feedback from claims staff. They also provided some reminders for CMs and some best practices.

Initial training for the retro group was done. There will be additional training at end of this month.

There is a workgroup working on a definition or criteria for IMEs for case progress. This work was requested by project sponsors to help address stakeholder concerns about the number of IMEs ordered per claim. This strategy is intended to gain clarity about the circumstances under which an IME should be requested to answer questions about case progress.

The group gathered statistics on IMEs requested for case progress. There are a couple of special meetings with the IME Business and Labor Advisory Group scheduled to discuss this topic in depth and obtain their thoughts on the draft criteria. They will also be talking with other stakeholder groups (business and/or WSIA and labor/trial attorneys). Rulemaking is tentatively scheduled; CR101 file 5/18/21, CR102 file 8/17/21, and CR103 file 11/2/21.

Another issue being looked at is claim file organization in Orion. The goal is to gather thoughts from the Roundtable group on what would be helpful to see. How would you define an organized claim file, what could be eliminated, and what would you like to see that may not currently be there? Nancy asked firms and examiners to gather their thoughts and then send it to Nancy or Kelli. After that we can have more of a discussion as an agenda topic.

SI – Kelli

Kelli Z. gave a brief update regarding a survey that was sent to the firms. Kristen sent out the questionnaire however there were only a few responses. The department is still interested in getting responses so if firms can take a moment to fill that out and send it back in that would be extremely helpful. This came as a result of the 6440 legislative workgroup which requested we look at ways to improve the IME process such as IME providers receiving claim files well before the exam and reducing the number of IMEs where a specific examiner is requested. Kelli discussed the questions that were asked the results received so far.

The next steps are to gather additional responses from the firms. Kristen will resend the email and allow an additional week for responses. If some would prefer a phone call rather than to submit in writing, LaNae Lien's contact information will be included. The responses will be reviewed and next steps will be determined, which could include rule making. SI employers will also be sent a survey.

Open Discussion Topics:

Dr. Elerding asked how other examiners and firms handle uncooperative workers. He described encounters that start off with the worker just not wanting to sit or pacing around. Attendees shared solutions such as letting the worker stand or walk around initially and generally they settle in a few minutes. Sometimes allowing a worker to step out and "walk it off" real quick, is enough to resume the exam.

Several firms wanted to revisit the discussion regarding interpreters and what firms do if they do not

have an interpreter. There will be a FAQ document online to answer questions asked in today's meeting. Karen A. will be looking at all the interpreter questions that came in and making sure they are all answered.

Someone commented they would rather have a discussion regarding the CAC claim file organization rather than email responses.

The meeting time ran over and it was suggested that the department do multiple smaller meetings for different topics or extend this meeting time so there is more time to have open discussions. With recent legislation, there are a lot of changes happening and many topics to discuss.

One firm representative said that secure messaging response time has improved when firms contact the CM to help track down missing documents. It would be nice to be able to have a way to flag secure messages from firms to help bring the messages to the CM's attention sooner.

Someone asked if the next meeting will be in person or via Zoom. We will have to look into this and make a decision based on recommendations closer to the meeting. Note: attendance has improved since going to Zoom.

Comment that the Steering Committee work does not need to be presented at every meeting. Possibly having someone present before a roundtable may help with allowing more time for presentations and discussions during the Roundtable, especially with the fee schedule on the agenda.

Some firms still have workers bringing discs with films on them. Workers used to be given instructions to bring films to their exams however that was removed from the State Fund letter. That may still be on the SI letters though. Some examiners do not review these because they do not want to be seen as reinterpreting images. Another issue firms run into is not having the correct software to open the images. Several examiners will just note that images were brought even if they are unable to review them.

The newly updated letter regarding testing is helpful however, it is still difficult to get testing scheduled and then obtain the imaging. The Coalition has put together an alternate letter they are wondering if the department can review. They would like L&I to work with firms and the diagnostic companies to try and get testing and reports back more timely. Possibly the "weight of the state" can be put behind the firms requests. Sometimes it can take weeks and many phone calls just to schedule the testing, then longer to get the report and imaging back.

The Department should put in place a policy that imaging and films should be available somehow if they are being paid for. Firms are not always able to find a report in the claim file.

Several firms noted they are receiving calls from an attorney saying the firm needs to send them the report directly due to 6440. It was the firms' understanding that 6440 changed who L&I sends the report to, not that the firm sends reports to all parties. Nancy confirmed this is the department interpretation as well. The department or SI employer sends copies of the report to the AP and worker and/or their representative. Nancy is working with Dane to draft a letter to send to the attorney and have for future reference. The Medical Examiners' Handbook (MEH) language will be updated as well.

Please send your requested agenda topics at least two weeks before the next meeting, which is September 9, 2021. They can be sent to Kelli or Kristen.

NEXT IME ROUND TABLE MEETINGS

Thursday, Sept. 09, 2021 – 9:30 am – noon Zoom Meeting

Thursday, Jan. 13, 2022 – 9:30 am – noon Tukwila Service Location?